Pancreatic Pseudocyst: a Case Report

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ABSTRACT

The pseudocyst of the pancreas is a rare affection. The authors report a case of pancreatic pseudocyst treated and show the importance of scanner in the diagnosis and justify the superiority of classic surgery in sub-Saharan Africa.

Keywords: Pancreatic pseudocyst, Treatment

1. INTRODUCTION

The pancreatic pseudocyst designates a closed cavity, filled with pancreatic liquid, pure or mixed with necrotic debris; it is devoid of coating epithelium. Considered as a rare disease, the pseudocyst results from various etiologies: chronic pancreatitis, acute pancreatitis, and traumatism which are especially the prerogative of the children(1). Its evolution can be enamelled of complications; this justifies its supervision and its management. This management, still controversial, can be medical or surgical. The aim of this study is to present a case of pseudocyst of the pancreas and to justify the therapeutic option adopted.

2. CASE REPORT

It was a 44-year-old woman, received in a digestive surgery consultation for a voluminous abdominal mass evolving for a year. In the antecedents, there was no evidence of prior trauma; however, the epigastric pain was evolving in a chronic mode. On clinical examination, there was a conserved general status, anicteric conjunctiva and edema of the lower limbs. There was no fever. The physical examination revealed an epigastric tumefaction. This arch was more or less rounded, regular, mobile, not painful, and mat at the percussion.

The results of the abdominal ultrasound evoked a pseudocyst of the pancreas or a mesentery cyst. The abdominal scan concluded that a pancreatic pseudocyst (Figure 1). The biology report had been realized and was normal income. The pre-anesthetic consultation concluded that a patient was ASA I Mallanpati grade 1. At the laparotomy, 600cc of clear peritoneal fluid was aspirated. The exploration revealed a voluminous cyst whose opening allowed to aspirate 5 liters of chocolate liquid. An internal derivation was performed by latero-lateral-cysto-jejunostomy. The postoperative follow-up was simple, and the patient left the hospital after six days. It was reviewed two weeks later and then a month later. No complaints were registered, and no complications were noted.

3. DISCUSSION

The pancreatic pseudocyst is considered a rare condition. This is the only case diagnosed at the University Hospital Center of Bobo Dioulasso in 2012. This observation is shared by several authors\((2,3,4)\). It results from several etiologies: chronic pancreatitis, acute pancreatitis, and trauma. Most authors report a male predominance with a peak frequency between 40 and 50 years\((1,5)\). They differ from one series to another in their location; for Cuilleret et al.\((6)\), cephalic localization is predominant, whereas, for Sahel\((7)\), corporeal and caudal localization predominates. In our case, this was a 42-year-old woman with a pseudo-caudal pancreatic cyst.

The clinical symptomatology of these pancreatic cystic formations is dominated by pain and the presence of an abdominal mass\((5)\). In our case, the master symptom was abdominal mass. The notion of epigastric pain in a chronic mode could suggest chronic pancreatitis in our patient. Other signs such as nausea, the vomiting, icterus have not been observed. If for Sarles, abdominal ultrasound is the most cost-effective morphologic examination of the pancreatic pseudocyst because of its specificity of 97.5% and its sensibility of 87.9%\((5)\), computed tomography remains the most effective examination. The evolutionary complications of these cystic formations require their management when they are symptomatic. Several therapeutic modalities are discussed. In our case, an internal derivation was performed by latero-lateral-cysto-jejunostomy. This therapeutic choice was guided by the multiple advantages of this procedure: its radical curative nature, its low recurrence rate, its low morbidity and its low mortality\((5)\). Indeed, external drainage is obsolete because of its risk of pancreatic fistula\((5)\). As for the pancreatectomies advocated by Mallet-Guy\((8)\), they cause a heavy mortality (23%); elsewhere, according to Montessani\((9)\). They may be the cause of exocrine and/or endocrine pancreatic insufficiency. However, the development of interventional radiology and endoscopy in developed countries make it the preferred method\((7)\). In sub-Saharan Africa, classical surgery is still predominant.

4. CONCLUSION

The pancreatic pseudocyst is a rare disease; it is a result of pancreatitis or trauma. His diagnosis is radiological. Its treatment remains controversial, but the rise of interventional radiology and endoscopy make it the method of choice in developed countries, while in sub-Saharan Africa, classical surgery still retains its place.
REFERENCES

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